	PAIENI	Effec		0	9-	73	59	83						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL E	NII	<b>Y</b>	OR	OTHER	
TOTAL CLAIMS			10	<b>Q</b>					RATE	T	EE	]	RATE	FEE
FOR			NUMBER FILED			NUMBER EXTRA			BASIC FE	E 35	5.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			ľ	minus 20=		. 6			X\$ 9=	1	İ	OR	X\$18=	4
INI	INDEPENDENT CLAIMS			minus 3 =		0			X40=			OR	X80=	
MULTIPLE DEPENDENT CLAIM P				AËSENT					+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in col							olumn 2		TOTAL	8	3.8	OR	TOTAL	71000
2(7/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL			OR	OTHER SMALL	THAN
NOMENT A		CLAIMS REMAINING AFTER AMENDMENT	·		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
2	<u>Totaling</u>	- 18	Min	rus A	· 20	)	= /		X\$ 9=			OR	XS	1
AME	Independent	· 3		ius -	?	}	=		X40=		. :	OR	700 X80-	7
RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+135=			OR	340	1
$\alpha U d \gamma \gamma$							7	TOTAL NDDIT. FEE			OR	YOTAL ADDIT. FEE	0	
_	91010	(Column 1)		$x_i = x_j$	(Colur		(Column 3)	· <u>-</u>	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
AMENDMENT B		REMAINING AFTER AMENDMENT			NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIC	NAL EE		RATE	ADDI- TIONAL FEE
Ž	Total	. 15	Min	ws	·. 2		- /		X\$ 9=			OR	X\$18=	
AME	Independent	Independent • 3		Minus ••• 3			- /	ı	X40=			OR	<b>200</b> €	
_	rinai riteae	MIATION OF MI	ULIII	PLE UEF	ENUENI	CLAIM			+135=			OR	360 +270=	1
		:							YOTAL DOIT, FEE			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													7	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	TIO	DI- NAL		RATE	ADDI- TIONAL FEE
Š	Total	•	Min	us	••		8	ſ	X\$ 9=			OR	X\$18=	
AME	Independent	-  -	Min		***		-	r	X40=	T		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=	
• [	l the entry in colu f the "Highest Nu	L,	TOTAL			OR I	TOTAL							
-	il the "Highest Nu	mber Previously Pai ther Previously Pai	aid Fo	or IN THE	S SPACE H	a less tha	n 3. eater "3."		DDIT, FEE Id in the ap		ate box	•	ADOIT. FEE! umn 1.	

**Application or Docket Number**